

## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	<u>NOVEL METHOD OF SELECTING IMMUNOSUPPRESSANT HAVING LITTLE THROMBOCYTOPENIC EFFECT</u>
Attorney Docket Number::	264163US0PCT
Total Drawing Sheets::	16

## INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takao
Family Name::	FUJIMURA
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Hiroaki
Family Name::	MORI
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Katsuhiko  
Family Name:: YOSHIZAWA  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Yoko  
Family Name:: TAKATA  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Ichiro  
Family Name:: ARAMORI  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Hideaki  
Family Name:: MATSUOKA  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Akira  
Family Name:: UNAMI  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Takahisa  
Family Name:: NOTO  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/08621	07/07/03

#### FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2002-203901	Japan	07/12/02	YES

#### ASSIGNMENT INFORMATION

Assignee Name:: FUJISAWA PHARMACEUTICAL CO., LTD.  
Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514